

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 APR -2 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000156

1. Entity Name
SOFRAN TAVARES (ECK), LTD.



Principal Place of Business
808 THIRD STREET, SUITE C
NEPTUNE BEACH FL 32266

Mailing Address
245 PEACHTREE CENTER AVE., N.E. 2800
ATLANTA GA 30303-1227



2. Principal Place of Business
818 A-1-A North

3. Mailing Address

Suite, Apt. #, etc.
Suite 203

Suite, Apt. #, etc.

City & State
Ponte Vedra Beach, FL 32082

City & State

4. FEI Number 58-2525914

Applied For
Not Applicable

DUE BY MAY 1, 2003

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERT ROULEAU
808 THIRD STREET, SUITE C
NEPTUNE BEACH FL 32266

Name
Robert Rouleau

Street Address (P.O. Box Number is Not Acceptable)

818 A-1-A North, Suite 203

City Zip Code
Ponte Vedra Beach, FL 32082

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

DATE

3-24-03

9. Capital Contributions
as Shown on record. \$99.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P00441
NAME THE SOFRAN CORPORATION
STREET ADDRESS 808 THIRD STREET, SUITE C
CITY-ST-ZIP NEPTUNE BEACH FL 32266

STREET ADDRESS

CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

The Sofran Corporation

SIGNATURE: BY: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Robert Rouleau, President

Date

Daytime Phone #

3-24-03

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249-0008

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